## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2004

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE O			OTHER THAN OR SHALL ENTITY		
TOTAL CLAIMS								RATE	FEE	7	RATE	FEE	
FOR:			NUMBE	NUMBER FILED		BER EXTRA		BASIC F	£ 395.00	OR	BASIC FEE	<del></del>	
Ţ	OTAL CHARGE	EABLE, CLAIMS	n	minus 20=				X\$ 25		OR	X501=.		
INDEPENDENT CLAIMS				ninus 3 =	•			Xw=		OR	X200=		
1.5	JLTIPLE DEFE	ENDENT CLAIM	PRESENT	·		<u>.</u>		+150=		OR	+300=	<del>                                     </del>	
* [	f the differenc	e in column 1 is	s less than :	less than zero, enter "0" in column			i	TOTAL		OR	TOTAL		
			AMENDE	MENDED - PART II				:		_	OTHER		
		(Column 1)	<del>-,</del>	(Colun		(Column 3)		SMALL	. ЕКПТҮ	OR	SMALL	ENIIIY	
AMENDMENTA	12/9/03	CLAIMS REMAINING AFTER AIZENDMENT		HIGHI NUME PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI TIONAL FEE	
	Total	16	Minus	- 2	<u>0</u>	=		X <b>25</b> ⊨		OR	X\$50=		
AME	Independent	1. 3	Minus	SECHDONIA.	2	=		×100:		or	X200/		
FIRST PRESENTATION OF MULTIPLE DEPE					COOM			+150=	(	OF	4300=		
							i.	TOTAL	1	OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B	<u>.</u>	CLAIMS REMAINING AFTER AMENDMENT		HIGHE HUME PACVERT FI DIAG	ER JSLY	PRESENT EXTRA		RATE,	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total		Minus	\$-1¢		=:		`χ25=		OR	X50	;	
	Independent	*	Minus	g-14		=	i.	X 100=		OR	X200=		
	FIRST PRESE	NTATION OF MI	JUTIPLE DE	PENDENT (	CLAIM		4	+150=	·	OR	+300=		
						•	L	TOTAL DOIT, FEE		OB.	TOTAL		
	(Column 1) (Column 2) (Column 3)									,	DOIT. FEEL		
MEN	·	CLAIMS REMAINING AFTER - AMENOMENT		HIGHE NUMBE PREVIOU PAID FO	ST ER ISLY	PREȘENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus -	##		=		X25!=		OR	X\$50=		
	Independent	•	Minus		-	<u> </u>		X]00 =		OR	X200:		
لـــ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+150=		.	+300=		
• 11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR L	TOTAL		
anti	the "Highest Nur the "Highest Nur	riber Previously Pa fiber Previously Pa ber Previously Paid	Id Foc' IN THI Id Foc' IN THI	S SPACE is le S SPACE Is l	ess than	20, enter "20." 13. enter "?"		TOTAL OIT. FEE			DOM, FEEL		